

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SEBIAL NO.

FILING DATE

APPLICANT(S)

*Solan*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		1				
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TOTAL IND.	5					
TOTAL DEP.	8					
TOTAL CLAIMS	13					

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